	□ REPORT OF LOBBYIST	EMPLOYER		
	(Government Code Secti			1/7
	or	,	ı	
	☐ REPORT OF LOBBYING	COALITION		
	(2 Cal. Code of Regs. Sect			
FORM 635	( <u> </u>			
1993	IMPORTANT: Lobbying Coaliti completed Form 635-C to			
RE	PORT COVERS PERIOD FROM 04/01/2009	THROUGH 06/30/200	9 F	FOR OFFICIAL USE ONLY
CU	MULATIVE PERIOD BEGINNING	01/01/2009	A	
	TYPE OR PRINT IN	IINK		
•	provided to you pursuant to the Information Practice re Provisions of the Political Reform Act.	s Act of 1977, see Information	В	
NAME OF FILER:				
COMCAST CORPORATIO	N			
BUSINESS ADDRESS: (Number	and Street) (City)	(State) (Zip Code)	TELE	PHONE NUMBER:
	SACRAMEN	TO CA 95814		
PART I - LEGISLATIVE O See instructions on reverse.)	R STATE AGENCY ADMINISTRATIVE ACTION	ONS ACTIVELY LOBBIED D	URING THE	PERIOD
,	SSUES.R-08-11-005: SAFETY OF ELECTRIC PUBLIC UTILITIES COMMISSION; SINGLE S			
If more space is needed, cl	neck box and attach continuation sheets.			
	SUMMARY OF PAYM	ENTS THIS PERIOD		
A. Total Payments to In-H	ouse Employee Lobbyists (Part III, Section A, Colum	ın 1)	\$	0.00
B. Total Payments to Lobb	oying Firms (Part III, Section B, Column 4)		\$	136441.45
C. Total Activity Expenses (Part III, Section C)			\$	2195.66
D. Total Other Payments t	to Influence (Part III, Section D)		\$	0.00
GRAND TOTA	NL (A + B + C + D above)		\$	138637.11
E. Total Payments in Coni	nection with PUC Activities (Part III, Section E)		\$ _	0.00
F. Campaign Contribution	s: X Part IV completed and attached	No campaign contributi	ons made thi	is period
	VERIFICA <sup>*</sup>	TION		
I have used all reas	conable diligence in preparing this Report. I hav	e reviewed the Report and to the	he best of m	y knowledge the informa-
	ein and in the attached schedules is true and com alty of perjury under the laws of the State of Califo	•	and correct.	
<u> </u>				
Executed on (Date) 07/31/2009	At (City and State)	I By (Signature	of Employer o	
	SAN ŔAFAEL,CA	STEVENS	S. LUCAS	or Responsible Officer)
Name of Employer or Responsible		STEVENS	S. LUCÁS	or Responsible Officer)

PERIOD COVERED: 04/01/2009 06/30/2009

NAME OF FILER: COMCAST CORPORATION

PART II - PARTNERS, OWNERS, AND EMPLO REPORT (See instructions on reverse.)	OYEES WHOS	E "LOBBYIST RI	EPORTS" (FORM 615) ARI	E ATTACHED T	O THIS
Name and Title		Name and	d Title		
If more space is needed, check box and attach continuate	ion sheets.				
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	s		
A. PAYMENTS TO IN-HOUSE EMPLOYEE I  (See instructions on reverse. Also enter the Amount T  (Column 1) on Line A of the Summary of Payments se	his Period		(1) Amount This Period		(2) ative Total o Date
( )	, ,		\$ 0.00	\$	0.00
B. PAYMENTS TO LOBBYING FIRMS (Inclu	uding Individual (	Contract Lobbyists)		•	
	(1)	(2)	(3)	(4)	(5)
Name and Address of Lobbying Firm/Independent Contractor	Fees & Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
NIELSEN,MERKSAMER,PARRINELLO,MUELLER,& NAYLOR	,LLP		0.00		
SACRAMENTO CA 95814	28500.00	15.00		28515.00	47727.27
LANG HANSEN O'MALLEY AND MILLER GOVERNMENTAL	RELATIONS		0.00		
SACRAMENTO CA 95814	32000.00	0.00		32000.00	48000.00
NORWOOD & ASSOCIATES			0.00		
	15000.00	926.45		15926.45	31206.00
SACRAMENTO CA 95814 STRATEGIC COUNSEL,PROFESSIONAL LAW CORPORATI	DN		0.00		
	60000.00	0.00		60000.00	90000.00
SACRAMENTO CA 95814					+
If more space is needed, check box and attach continuation sheets	Also ent	THIS PERIOD ( er the total of Colur ry of Payments sect	nn 4 on Line B of the	\$ 136441	1.45

PERIOD COVERED: 04/01/2009

06/30/2009

NAME OF FILER: COMCAST CORPORATION

Date	Name and Address of Payee  Name and Official Position of Reportable Persons and Amount Benefiting Each		and ch	Description of Consideration	1	Total Amount Activity
06/16/2009	MASON'S	LIZ MOONEY	\$ 39.92	FOOD & BEVER - AGE	\$	2195.66
	SACRAMENTO CA 95814	LEGISLATIVE DIRECTOR, - OFFICE OF ASSEMBLYME - MBER SKINNER				
06/16/2009	MASON'S	ADAM GRAY	39.92	FOOD & BEVER - AGE		0.00
	SACRAMENTO CA 95814	LEGISLATIVE DIRECTOR, - OFFICE OF SENATOR CAL - DERON				
06/16/2009	MASON'S	JOHN CHIANG	39.92	FOOD & BEVER - AGE		0.00
	DAODAMENTO DA OSOAA	STATE CONTROLLER				
06/16/2009	SACRAMENTO CA 95814 MASON'S	ISADORE HALL,III	39.92	FOOD & BEVER -		0.00
00/10/2009		ASSEMBLYMEMBER		AGE		0.00
	SACRAMENTO CA 95814					
06/16/2009	MASON'S	TOM BERRYHILL	18.40	BEVERAGE		0.00
		ASSEMBLYMEMBER				
<b>□</b> ''	SACRAMENTO CA 95814				   \$	0405.00
_	ore space is needed, check box and attach tinuation sheets.	A		Activity Expenses) Section C on Line C of nents section on page 1.	Ψ	2195.66
NOT	IER PAYMENTS TO INFLUENCE LI E: State and local government agencies of thment Form 640 instead.					
PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed     Form 630 to this Report.)			\$ <u>0.00</u> \$ <u>0.00</u>			
2. (	OTHER PAYMENTS			TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$	0.00
BEF	MENTS IN CONNECTION WITH ADDRESS THE CALIFORNIA PUBLIC U	TILITIES COMMISSION Also, enter the	ATEMAKING PR		\$	0.00

PERIOD COV	ERED: <u>04/01/2009</u> <u>06/30/2009</u>		
NAME OF FIL	ER: COMCAST CORPORATION		
made to or on	<b>CAMPAIGN CONTRIBUTIONS MADE</b> (Monetary and non-mobehalf of <u>state</u> candidates, elected state officers and any of their controlled officers must be reported in A or B below.)	onetary campaign contributions of committees, or committees suppo	
in a iden	e contributions made by you during the period covered by this report campaign disclosure statement which is on file with the Secretary of diffication number, if any, below.	f State, report the name of the	committee and its
	Major Donor or Recipient Committee Which d A Campaign Disclosure Statement:	Identification Numb Recipient Committe	
<u>COMCA</u>	ST CORPORATION AND AFFILIATED ENTITIES		
	tributions of \$100 or more which have not been reported on a camp e by an organization's sponsored committee, must be itemized belo		luding contributions
Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
If mor	e space is needed, check box and attach continuation sheets.		

PERIOD COVERED: 04/01/2009

06/30/2009

NAME OF FILER: COMCAST CORPORATION

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each			Description of Consideration	Total Amount of Activity	
06/16/2009	MASON'S	DEAN GRAFILO	DEAN GRAFILO \$ 39.92				0.00
	SACRAMENTO CA 95814 Reference No:	CHIEF OF STAFF OFFICE - OF ASSEMBLYMEMBER F - URUTANI					
06/16/2009	MASONS'S	CAMERON SMYTH	\$	39.92	FOOD & BEVER - AGE	\$	0.00
	SACRAMENTO CA 95814 Reference No:	ASSEMBLYMEMBER					
06/16/2009	MASON'S	ROD WRIGHT	\$	39.92	FOOD & BEVER - AGE	\$	0.00
	SACRAMENTO CA 95814 Reference No:	SENATOR					
06/16/2009	MASON'S	ED RANDOLPH	\$	21.85	FOOD	\$	0.00
	SACRAMENTO CA 95814 Reference No:	CHIEF CONSULTANT, UTILI - TIES & COMMERCE COMM - ITTEE					
06/16/2009	MASON'S	FRANK RUSSO	\$	39.92	FOOD & BEVER - AGE	\$	0.00
	SACRAMENTO CA 95814 Reference No:	CHIEF OF STAFF, OFFICE - OF ASSEMBLYMEMBER SK - INNER					

# **TEXT ANNOTATION**

### PAGE 2

Schedule F635P3B

Reference No: 13879

(PAYMENT PARTIALLY FOR 1Q 2009)

# PAGE 2

Schedule F635P3B Reference No: 13875

(PAYMENTS PARTIALLY FOR 1Q 2009)

### PAGE 2

Schedule F635P3B Reference No: 13877

(PAYMENT PARTIALLY FOR 1Q 2009)

# **TEXT ANNOTATION**

# PAGE 2

Schedule F635P3B

Reference No: 13878

(PAYMENT PARTIALLY FOR 1Q 2009)